

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/521529	Filing Date	
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
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Total Indep	1							
Total Depend	13							
Total Claims	14							

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